



## Emergency Contact Authorization

Account Owner's Name: \_\_\_\_\_  
*Last*
*First*
*M.I.*

By signing this form, I give American Heritage Financial permission to contact the individual(s) identified below as my emergency contact(s) in the event of a situation described below regarding any or all accounts I have with American Heritage Financial.

If American Heritage Financial has questions or concerns about my health (*capacity and well-being, etc.*) or welfare (*endangerment, self-neglect, or financial exploitation, etc.*) or is unable to contact me it may:

- Contact and provide information about me and my account to the individual(s) identified below as my emergency contact(s).
- Confirm with my emergency contact(s) whether another individual or entity has been given legal authority to act for me (for example, an agent to whom I've given power of attorney, as successor trustee of a trust that I am a trustee of, or a court-appointed guardian, conservator or executor); and
- Communicated with persons who claim legal authority to act for me to determine whether those persons have legal authority over my accounts.

I understand that:

- (1) I authorize American Heritage Financial to contact my Emergency Contact(s) for any account I may have with them;
- (2) I may identify multiple contact persons (if needed, use additional copies of this form to list additional emergency contacts);
- (3) American Heritage Financial is not required to contact, or attempt to contact my emergency contact;
- (4) **This Authorization is optional and I may withdraw it at any time by notifying American Heritage Financial in writing:** and
- (5) I may change or amend my emergency contact(s) at any time by providing American Heritage Financial a newly-signed Emergency Contact Authorization Form, and that this new form **will supersede** any previous form on file.

<b>Emergency Contact Person:</b>			
<b>Address:</b>			<i>Unit #</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
<b>Home Phone:</b>	<b>Other Phone:</b>	<b>Email:</b>	
<b>Relationship:</b> <i>(eg., spouse, child, holder of my power of attorney, lawyer, accountant, etc.)</i>			

<b>Emergency Contact Person:</b>			
<b>Address:</b>			<i>Unit #</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
<b>Home Phone:</b>	<b>Other Phone:</b>	<b>Email:</b>	
<b>Relationship:</b> <i>(eg., spouse, child, holder of my power of attorney, lawyer, accountant, etc.)</i>			

Please note that this form represents an individual account owner release and that each account owner is required to provide a completed and signed Emergency Contact Authorization Form.

Client Signature Print Name Date